

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**08/1484918**

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19	1	1			
20	1	1			
21	1	1			
22					
23					
24					
25					
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41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
	1	1	1	1	1

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51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65	1		1		
66		1		1	
67	1			1	
68					
69					
70					
71					L
72					1
73				1	
74					1
75					1
76					1
77					1
78				1	
79					1
80					
81					
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83					
84					
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86					
87					
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89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.		2			
TOTAL DEP.			1		
TOTAL CLAIMS		15		2	